

Family and Social Services Administration
Division of Family and Children
BUREAU OF CHILD DEVELOPMENT
CHILD CARE HEALTH SECTION
402 West Washington Street, Room W386
Indianapolis, Indiana 46204

WRITTEN NUTRITION/FOOD SERVICE PROGRAM SUPPLEMENT INFANT/TODDLER CHILD CARE CENTERS

The attached form is to be used by Infant/Toddler Child Care Centers for the purpose of reporting the practices within their nutrition/food service program as required by licensing requirements 470 IAC 3-4, established and promulgated in accordance with IC 12-3-2.

PURPOSE

1. To provide a written statement of your knowledge of and intent to follow the Nutrition/Food Service and Sanitation Regulations of 470 IAC 3-4.2.
2. To provide a reference for the interpretation of a portion of child care licensing rules.
3. To provide an educational tool for staff.

WHAT TO SEND

IF THIS IS A PROPOSED (*NEW SITE OR NEW OWNER*) FACILITY, YOU MUST SUBMIT AN APPLICATION FOR LICENSURE PRIOR TO SUBMITTING THIS PROGRAM.

You must send:

1. Two (2) identical programs; and
2. Two (2) identical sets of attachments.

Each set of attachments must include:

- a. One (1) week's menu for toddlers;
 - b. one (1) week's menu for infants; and
 - c. suggested feeding plans signed and dated by your consulting physician for infants.
3. All centers must also submit "Written Nutrition/Food Service Program for Child Care Centers."

MAIL

Send the two (2) programs and two (2) sets of attachments to:

MS02
Family and Social Services Administration
Division of Family and Children
BUREAU OF CHILD DEVELOPMENT
CHILD CARE HEALTH SECTION
402 W. Washington St., Rm. W386
Indianapolis, IN 46204

ADDITIONAL INFORMATION

General

1. For questions about the program, call (317) 233-5414.
2. The programs will be reviewed upon receipt; and, when approved, one will be returned to the facility, and one will be retained by the Child Care Facilities Unit, Division of Family and Children.

If the programs are not approved, both programs will be returned to the facility with a letter indicating the noncompliances. Both programs must be corrected and resubmitted to the Child Care Facilities Unit, Division of Family and Children, for approval.
3. For your assistance, the following have been included:
Sample feeding plan for infants;
sample infant menu form and sample menu;
sample toddler menu form;
information on infant/toddler feeding plans and menus; and
bottle sterilizing procedures.
4. You must send one (1) original program, one (1) original set of attachments and one (1) copy of the program with one (1) copy of the attachments.

INFANT FEEDING PLANS

Prior to admission to the center, a feeding plan shall be established and written for each infant. The initial feeding plan for each infant must be signed and dated by either the infant's physician or by your consulting physician. The feeding plan must be continually updated by the physician or the parent(s) for the infant's current age and diet changes.

The feeding plan must include:

- a. The type and amount of formula and/or food to be offered;
- b. the feeding time schedule, listing specific foods and fluids; and
- c. the dosage and type of vitamins and other food supplements or medications.

The feeding plan must be kept:

- a. In the infant's file;
- b. posted in the infant's room; and
- c. posted in the area where infant food preparation takes place.

As part of this "Written Nutrition/Food Service Program Supplement," you must submit sample feeding plans for infants which include your consulting physician's original signature and a current date. You may use the sample feeding plan attached to this program or you may design your own plan.

The written directions for feeding given by an infant's own physician will take precedence for the infant over the sample feeding plans signed by your consulting physician. The infant's physician may personalize the feeding plan when he reviews the feeding plan during the infant's pre-admission physical examination. If the infant's parents provide baby food and/or formula, they are required to supply the foods listed on the individual feeding plan signed by the infant's physician.

INFANT MENU

A one-week infant menu must be planned by the center. This infant menu may be used as a guideline for parents. The menu must be posted in each infant room and in the kitchen or area used for infant food preparation. A sample menu form for infants is attached.

The following are guidelines for writing menus:

1. Include only plain, strained vegetables, fruits and meats. Avoid mixed dinners and desserts.
2. All juices must be 100% juice and all non-citrus juices must be fortified with vitamin C.
3. When vegetables are introduced, two sources of vitamin A must be provided each week. *(If lunch and dinner are provided, four sources of vitamin A must be included each week).*

TODDLER MENU

Meals for toddlers should exclude foods which may cause choking, The following are examples of foods that should not be given to toddlers:

Grapes	Popcorn	Round candies	Hard chunks of uncooked vegetables & fruits
Peanut butter	Seeds & nuts	Large pieces of meat, especially hot dogs & sausage	

You may use the same menu for toddlers as you use for older children, as long as appropriate substitutions for the toddlers are made and marked on the menus. Mark the food that is being changed with a star (*); and at the bottom of the menu, write the name of the food which will be used as a substitute. For example:

Popcorn *

Crackers

Separate menus for toddlers are also acceptable.

Enclosed:

1. Sample Infant Menu
2. Infant Menu form
3. Infant Feeding form and Suggested Feeding Plan Guidelines
4. Toddler Menu form
5. Bottle Sterilizing Procedure
6. Breast Milk Procedure



WRITTEN NUTRITION/FOOD SERVICE PROGRAM INFANT/TODDLER CHILD CARE CENTERS

State Form 46682 (R2 / 7-00) / BCD 0053

Name of facility		Date (month, day, year)
Location		County
City	ZIP code	Telephone number (with area code) ()
Mailing address (if different from above)		
Name of director		
This report prepared by:		Telephone number ()
<i>List the number of children licensed for in the first column and average daily census in the second column.</i>		
	Licensed For	Average Daily Census
6 weeks to 1 year		
1 year		
<i>Check "Yes" for each item if it is a statement of the practice in your facility. Check "No" if the statement does not agree with your practice. If the statement does not apply to your facility, check "NA". Complete all questions.</i>		
FEEDING PLANS AND MENUS		
1. Each infant has a feeding plan. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA 2. The feeding plan is: a. Kept in the infant's file <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA b. Posted in the infant's room <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA c. Posted in the infant food preparation area. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA 3. Each feeding plan is: a. Initially signed by a physician <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA b. Updated as needed by parent or physician <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	4. All food allergies, special diets and vitamin and mineral supplements are approved in writing by a physician. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA 5. Menus for infants and toddlers are written at least one week in advance. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
BOTTLES / FORMULA / FEEDING		
6. Only commercially pre-mixed, ready-to-feed formula is used. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA 7. Outdated formula is destroyed. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA 8. Opened cans of formula are covered, labeled with date and time opened, refrigerated and used within 24 hours. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA 9. Formula is poured directly from the original container into the feeding bottle. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA 10. If bottles are prepared ahead of time, each poured bottle is covered, labeled with the child's name, date and time filled, refrigerated and used within 24 hours. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	11. The leftover contents of bottles are discarded after feeding. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA 12. During bottle feeding, the infant is held by a caregiver. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA 13. Filled bottles are not propped nor are any children put to bed with bottles. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA 14. Whole or 2% milk is used for children receiving cow's milk. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA 15. Water offered to infants is sterilized in a home-style sterilizer or boiled separately for five minutes. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
SANITATION		
16. The trays of high chairs are sanitized before and after meals / snacks. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA 17. The feeding bottle sterilizing procedure is posted in the area where the sterilizing is done. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA 18. All bottles, nipples, collars and caps are stored in covered containers. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	19. Describe your sterilizing procedure for bottles, nipples, collars, caps and tongs.	

BREAST FEEDING	
20. The center or mother supplies sterilized bottles in a clean container. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	23. Bottles are labeled with the child's name and with the date and time filled, refrigerated and used within 48 hours. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
21. The mother is instructed to express the milk into the bottles and to refrigerate or freeze the milk. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	24. Breast milk thawed with warming is used within three hours. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
22. Bottles of breast milk are returned to the center in a clean, insulated container which maintains the milk at 41° F or below. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	25. Breast milk thawed in refrigerator at 41°F or less is used within 24 hours <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
BABY FOOD	
26. Unopened commercial baby food is used. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	28. Opened jars of baby food are covered, labeled with name, date and time opened, refrigerated and used within 24 hours. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
27. Outdated baby food is destroyed. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	29. If a child is fed directly from the baby food jar, the unused portion is discarded. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
FEEDING INFANTS / TODDLERS	
30. Infants and toddlers are fed in their own rooms. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	32. Infants' and toddlers' hands are washed before and after meals and snacks. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
31. A harness is used for each child in a high chair. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
TODDLER FEEDING	
33. Food substitutions for toddlers are listed on the menus. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	35. Divided plates and training cups or other appropriate utensils are used. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
34. Current menus are posted in the food preparation area, in the toddlers' room and where the parents may view the menus. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	36. Appropriate sized tables and chairs are used. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
	37. Staff are seated with children at meals / snacks at a child-staff ratio of four infants or five toddlers to one. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
The above information and attachments are correct, accurate and serve as a written commitment to follow the content and practices referred to within.	
Signature of (check one) <input type="checkbox"/> Owner <input type="checkbox"/> President of Board of Directors <input type="checkbox"/> Director	Date signed (month, day, year)

Have you attached one (1) copy of the following to each program?

- a. One (1) week's menu for toddlers
- b. One (1) week's menu for infants
- c. Suggested feeding plans signed and dated by your consulting physician for infants

SAMPLE MENU FOR INFANTS (8 - 12 Months)

State Form 46682 (R2 / 7-00) / BCD 0053

CHILDCARE HEALTH SECTION
BUREAU OF CHILD DEVELOPMENT

The SAMPLE MENU FOR INFANTS is a guideline. Serving sizes depend upon the infant's age, size and development. Serving sizes are listed in amounts appropriate for ages 8 months and 9 - 12 months. Refer to FEEDING PLAN GUIDELINES for specific amounts and kinds of foods by age group. The SUGGESTED FEEDING PLAN is signed by the infant's physician and must be followed by the child care facility.

INSTRUCTIONS: * If dry cereal is used, mix cereal and formula in a bowl. Feed with a spoon.

1. Vitamin A food source - If 1 - 2 meals per day are served, 2 Vitamin A food sources must be offered per week.
If 3 meals per day are served, 4 Vitamin A food sources must be offered per week. (strained carrots, winter squash, spinach, apricots, liver)
2. Vitamin C food source - 1 time per day (orange juice, grapefruit juice or mixed infant juices fortified with Vitamin C).
3. Provide solid foods with a texture compatible with the infant's ability to chew and swallow. For example, ground or chopped meats, well-cooked mashed vegetables or mashed, canned or cooked fruits.
4. Finger foods may be offered between 9 - 12 months.

MEAL	PATTERN	AMOUNTS 8 Months	AMOUNTS 9 - 12 Months	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Breakfast 7:00 a.m.	Formula	7 - 8 oz.	6 - 8 oz.	Formula	Formula	Formula	Formula	Formula
	*Baby Cereal	3 - 5T	4 - 6T	Rice Cereal	Oatmeal Cereal	Barley Cereal	Rice Cereal	Oatmeal Cereal
	Fruit	2 - 4T	2 - 4T	Bananas	Pears	Peaches	Plum	Apricots
AM Feeding 9:00 a.m.	Fruit Juice Fortified with Vitamin C	4 oz.	4 oz.	Orange Juice	Apple Juice	Orange Juice	Apple Juice	Orange Juice
	Cracker or Dry Toast	1 or 1/4	2 or 1/2	Zweiback	Dry Toast	Arrowroot Cookie	Dry Toast	Zweiback
	Formula	7 - 8 oz.	6 - 8 oz.	Formula	Formula	Formula	Formula	Formula
Lunch 12:00 Noon	Meat	None	1 - 2T	Chicken	Beef	Pork	Liver A	Chicken
	Vegetable	5 - 9T	2 - 9T	Carrots A	Winter Squash A	Beets	Winter Squash A	Spinach A
	Potato or 2nd Vegetable (optional)	None	None - 6T	Mashed Potatoes	Green Beans	Peas	Spinach A	Potatoes
	Fruit	2 - 4T	2 - 4T	Applesauce	Peaches	Pears	Plums	Apricots A
	Formula	7 - 8 oz.	6 - 8 oz.	Formula	Formula	Formula	Formula	Formula
PM Feeding 3:00 p.m.	Cracker or Dry Toast	2 or 1/2	2 or 1/2	Dry Toast	Zweiback	Dry Toast	Arrowroot Cookie	Dry Toast
	Formula	7 - 8 oz.	6 - 8 oz.	Formula	Formula	Formula	Formula	Formula
	Meat	None	1 - 2T	Lamb	Veal	Chicken	Pork	Beef
Dinner 6:00 p.m.	Vegetable	5 - 9T	2 - 9T	Beets	Spinach A	Carrots A	Sweet Potatoes A	Winter Squash A
	Potato or 2nd Vegetable (optional)	None	None - 6T	Peas	Potatoes	Potatoes	Green Beans	Peas
	Fruit	2 - 4T	2 - 4T	Pears	Banana	Plums	Applesauce	Peaches
	*Baby Cereal	3 - 5T	None - 4T	Oatmeal Cereal	Barley Cereal	Rice Cereal	Oatmeal Cereal	Rice Cereal
	Formula	6 oz.	6 oz.	Formula	Formula	Formula	Formula	Formula
Evening Feeding 9:00 p.m.	Formula	6 oz.	6 oz.	Formula	Formula	Formula	Formula	Formula

MENU FOR INFANTS (8 - 12 Months)

State Form 46682 (R2 / 7-00) / BCD

CHILDCARE HEALTH SECTION
BUREAU OF CHILD DEVELOPMENT

The MENU FOR INFANTS is a guideline. Serving sizes depend upon the infant's age, size and development. Serving sizes are listed in amounts appropriate for ages 8 months and 9 - 12 months. Refer to FEEDING PLAN GUIDELINES for specific amounts and kinds of foods by age group. The SUGGESTED FEEDING PLAN is signed by the infant's physician and must be followed by the child care facility.

INSTRUCTIONS: * If dry cereal is used, mix cereal and formula in a bowl. Feed with a spoon.

1. Vitamin A food source - If 1 - 2 meals per day are served, 2 Vitamin A food sources must be offered per week.
If 3 meals per day are served, 4 Vitamin A food sources must be offered per week. (strained carrots, winter squash, spinach, apricots, liver)
2. Vitamin C food source - 1 time per day (orange juice, grapefruit juice or mixed infant juices fortified with Vitamin C).
3. Provide solid foods with a texture compatible with the infant's ability to chew and swallow. For example, ground or chopped meats, well-cooked mashed vegetables or mashed, canned or cooked fruits.
4. Finger foods may be offered between 9 - 12 months.

MEAL	PATTERN	AMOUNTS 8 Months	AMOUNTS 9 - 12 Months	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Breakfast 7:00 a.m.	Formula	7 - 8 oz.	6 - 8 oz.					
	*Baby Cereal	3 - 5T	4 - 6T					
	Fruit	2 - 4T	2 - 4T					
AM Feeding 9:00 a.m.	Fruit Juice Fortified with Vitamin C	4 oz.	4 oz.					
	Cracker or Dry Toast	1 or 1/4	2 or 1/2					
	Formula	7 - 8 oz.	6 - 8 oz.					
Lunch 12:00 Noon	Meat	None	1 - 2T					
	Vegetable	5 - 9T	2 - 9T					
	Potato or 2nd Vegetable (optional)	None	None - 6T					
	Fruit	2 - 4T	2 - 4T					
	Formula	7 - 8 oz.	6 - 8 oz.					
PM Feeding 3:00 p.m.	Formula	7 - 8 oz.	6 - 8 oz.					
	Cracker or Dry Toast	2 or 1/2	2 or 1/2					
	Formula	7 - 8 oz.	6 - 8 oz.					
Dinner 6:00 p.m.	Meat	None	1 - 2T					
	Vegetable	5 - 9T	2 - 9T					
	Potato or 2nd Vegetable (optional)	None	None - 6T					
	Fruit	2 - 4T	2 - 4T					
	*Baby Cereal	3 - 5T	None - 4T					
Evening Feeding 9:00 p.m.	Formula	6 oz.	6 oz.					

SUGGESTED FEEDING PLAN

State Form 46682 (R2 / 7-00) / BCD 0053

BUREAU OF CHILD DEVELOPMENT
CHILD CARE HEALTH SECTION
402 W. WASHINGTON ST., RM W386
INDIANAPOLIS, IN 46204

INSTRUCTIONS:

Prior to admission, a feeding plan shall be established and written for each infant (age 6 weeks - 12 months) in consultation with the parents and based on the written recommendation of the child's pediatrician or family physician. Feeding plans must be continually updated by physician or parent. (470 IAC 3-4.2-8(b))

The following feeding plan has been recommended for this child.

Name of child	Date of birth (month, day, year)
---------------	----------------------------------

Age in Months	Time to Feed	Formula / Food Item and Amount	Special Instructions	Signature and Date of Parent or Physician
Signature of physician			Date signed (month, day, year)	

FEEDING PLAN GUIDELINES

INSTRUCTIONS: This is a guideline, each child will grow at a different rate.

1. Formula and juice may be offered in a training cup when a child is ready.
2. Formula is used until 12 months unless otherwise stated by physician.
3. Only plain, strained, mashed or chopped vegetables, fruits and meats are offered.
4. Most children are ready for foods of coarser consistency between 9 - 10 months of age. Mashed or chopped table foods may be used.
5. Strained or mashed foods should be introduced at 6 months if the infant's neuromuscular system has developed appropriately. Indication for solid foods are: the ability to swallow non-liquid foods, the ability to sit with support, has head and neck control, and able to show is full by leaning back or turning away.
6. Finger foods may be offered between 9 - 12 months when infant is developing finger/hand coordination.

2 MONTHS - 5 MONTHS				
TIME INTERVAL	AMOUNT AT EACH FEEDING			
	Month 2	Month 3	Month 4	Month 5
6:00 a.m.	4 - 6 oz.	4 - 7 oz.	5 - 7 oz.	5 - 8 oz.
10:00 a.m.	4 - 6 oz.	4 - 7 oz.	5 - 7 oz.	5 - 8 oz.
2:00 p.m.	4 - 6 oz.	4 - 7 oz.	5 - 7 oz.	5 - 8 oz.
6:00 p.m.	4 - 6 oz.	4 - 7 oz.	5 - 7 oz.	5 - 8 oz.
10:00 p.m.	4 - 6 oz.	4 - 7 oz.	5 - 7 oz.	5 - 8 oz.
2:00 a.m.	4 - 6 oz.	4 - 7 oz.	5 - 7 oz.	5 - 8 oz.

6 MONTHS - 12 MONTHS					
	Month 6	Month 7	Month 8	Month 9	Months 10, 11 and 12
Total Amount of Formula Per 24 Hours	30 - 48 oz.	30 - 32 oz.	29 - 31 oz.	26 - 31 oz.	24 - 32 oz.
7:00 a.m.	5 - 8 oz. formula 2 - 3T baby cereal*	6 oz. formula 2 - 3T baby cereal*	7 - 8 oz. formula 3 - 5T baby cereal*	7 - 8 oz. formula** 4 - 6T baby cereal* 2 - 4T fruit	6 - 8 oz. formula** (1 cup) 1/2 - 1/4 cup baby cereal 2 - 4T fruit
9:00 a.m.	5 - 8 oz. formula	6 oz. formula	1/2 cup Vit.C fortified fruit juice 1/4 dry toast or 1 cracker	1/2 cup Vit.C fortified fruit juice 1/2 dry toast or 2 crackers	1/2 cup Vit.C fortified fruit juice 1/2 dry toast or 2 crackers
12:00 Noon	5 - 8 oz. formula 1/2 dry toast or 2 crackers	6 oz. formula 2 - 3T strained vegetable	7 - 8 oz. formula 5 - 9T vegetable 2 - 4T fruit	7 - 8 oz. formula** 1 - 2T meat 5 - 9T vegetable 2 - 4T fruit	6 - 8 oz. formula** (1 cup) 2T meat 2 - 6T potato, rice, noodles 5 - 9T vegetable 4 - 6T fruit
3:00 p.m.	5 - 8 oz. formula	6 oz. formula 1/2 dry toast or 2 crackers	7 - 8 oz. formula 1/2 dry toast or 2 crackers	7 - 8 oz. formula** 1/2 dry toast or 2 crackers	6 - 8 oz. formula** (1 cup) 1/2 dry toast or 2 crackers
6:00 p.m.	5 - 8 oz. formula 2 - 3T baby cereal*	6 oz. formula 2 - 3T strained fruit 2 - 3T baby cereal*	7 - 8 oz. formula 5 - 9T vegetable 2 - 4T fruit 3 - 5T baby cereal*	7 - 8 oz. formula** 5 - 9T vegetable 2 - 4T fruit 1T meat 4T baby cereal*	6 - 8 oz. formula** (1 cup) 2T meat 2 - 6T potato, rice, noodles 2 - 4T vegetable 2 - 4T fruit
9:00 p.m.	5 - 8 oz. formula	May start sleeping through the night			

* If dry cereal is used, mix cereal and formula in a bowl. Feed with a spoon.

** Formula may be offered in a training cup.

MENU FOR TODDLERS

State Form 46682 (R2 / 7-00) / BCD 0053

BUREAU OF CHILD DEVELOPMENT
CHILD CARE HEALTH SECTION
402 W. WASHINGTON ST., RM W386
INDIANAPOLIS, IN 46204

MEAL	FOOD	MINIMUM AMOUNT	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Breakfast	Fruit or Juice	1/4 cup					
	Cooked Cereal or Toast	2T or 1/4 slice					
	Milk or Formula	1/2 cup					
AM Snack	Citrus Juice or Fruit	1/2 cup					
	Cracker	2					
Lunch	Meat	1 - 2T					
	Vegetable	1 - 2T					
	Second Vegetable or Fruit	1 - 2T					
	Bread	1/4 slice					
	Milk or Formula	1/2 cup					
PM Snack	Milk or Formula	1/2 cup					
	Cracker	2					

The menu for 3-5 year olds may be used for toddlers if appropriate food substitutions are listed on the menu.

STERILIZATION PROCEDURES

for

Bottles, Nipples, Collars, Caps

1. Prewash in hot detergent water. Scrub the bottles and nipples inside and out with bottle and nipple brush. Squeeze water through nipple hole during wash.
2. Rinse well with clean, hot water.
3. Boil in clear water: bottles for five (5) minutes; nipples, collars, caps and tongs for three (3) minutes.
4. Air dry.
5. Hands shall be clean and care taken in handling techniques to prevent contamination of clean bottles / nipples.
6. All shall be stored separately in clean, covered, labeled containers away from food.

BREAST MILK PROCEDURE

Breast milk is a very special product. Provide a safe and excellent source of nutrition to your breast-fed infants by following the procedure below:

1. The facility or the mother must supply sterilized bottles or disposable nurser bags (*see "Parent Agreement"*).
2. The mother will store her milk in a bottle or bag and refrigerate or freeze the milk. The bottle or bag should contain no more than the amount of milk the child would drink at one feeding. The milk must be labeled with the child's name and the date and time collected.
3. The bottles or disposable bags must be brought to the center in a clean, insulated container which keeps the milk at 41° F or below (*see "Parent Agreement"*).
4. Fresh, refrigerated breast milk must be used within 48 hours of the time expressed. Frozen milk may be stored in a refrigerator freezer for 2 months or stored in a deep freezer at 0° F for 6 months.
5. Frozen breast milk may be thawed as follows:
 - (a) Frozen breast milk may be thawed under warm water, gently mixed, used within one (1) hour or refrigerated immediately and used within three (3) hours. Label the bottle with the time and date thawed and method used for thawing (*"warm water" or "heat thaw"*).
 - (b) Frozen breast milk may be thawed in the refrigerator at 41° F or below. Label the bottle with the time and date moved to the refrigerator and "cold thaw" method and use within twenty-four (24) hours. With this method, **never warm** the breast milk until ready to feed the child.

NEVER HEAT BREAST MILK IN A MICROWAVE!

Note: Once a bottle is fed to infant, the remainder **must be discarded** and cannot be returned to the refrigerator.

PARENT AGREEMENT

I, _____, agree to provide my breast milk for my child _____
in sterilized bottles or sterile nurser bags. I will store my milk in the appropriate serving size for my child. I take full responsibility for maintaining this milk at 41° F or below during home storage and transport to the center.

Signature of parent

Date (*month, day, year*)